



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF CHILD SUPPORT (DCS)

REQUEST FOR REVIEW OF CHILD SUPPORT ORDER

TO: DIVISION OF CHILD SUPPORT
PO BOX 11520
TACOMA WA 98411-5520

RE:

FROM:

INSTRUCTIONS FOR REQUESTING A REVIEW

1. Complete this form and any other enclosed forms. Attach copies of your last two federal income tax returns and a current pay stub.
2. Return the completed forms and attachments to the Division of Child Support (DCS) address listed above.
3. DCS may deny your request for review if you do not provide all of the required information.
4. If a IV-D agency is making this request, a representative of the IV-D agency must sign the request.

DCS does not represent you at the review. You have the right to have an attorney or other person

I want DCS to review my child support order. I understand this review may result in the modification of the order and that DCS will address only child support and health insurance for my children.

I understand that DCS does not represent me or the other party in this action. Issues other than child support and health insurance raised by me or the other party are not DCS's responsibility. I understand that DCS may use information I provide to establish, modify, or enforce child support.

I understand that DCS may ask a court to modify my child support order. The court process may result in a release of my address. If I am the children's custodian and do not want my address released, I must contact the DCS field office listed above.

Date

Parent's Signature

Date

Parent's Authorized Representative's Signature

IV-D AGENCY USE ONLY			
AGENCY REPRESENTATIVE'S SIGNATURE		DATE	
AGENCY P.O. BOX OR STREET ADDRESS		CITY	STATE ZIP CODE

In reply, refer to:
Case #: